


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 17, 2007 8:00 am**  
**Secretary of State**

07-17-2007 90006 038 \*\*\*\*50.00

|  |                          |  |  |  |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
|--|--------------------------|--|--|--|---------------------------------|------|--------------------------|--|----------------|----------------------|--|-------------|-----------------------|--|---|--|--|-------|------------------------|--|------|----------------------|--|----------------|--|--|-------------|--|--|
| <b>DOCUMENT # L05000073031</b><br>1. Entity Name<br><b>MARBLE SHARP, LLC</b>   |                          |  |  |   |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
| Principal Place of Business<br><b>933 NW 50TH TERRACE</b><br><b>GAINESVILLE, FL 32605 US</b>   |                          |  | Mailing Address<br><b>933 NW 50TH TERRACE</b><br><b>GAINESVILLE, FL 32605 US</b> |  |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                          | 3. Mailing Address   |  |  |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
| Suite, Apt. #, etc.  |                          | Suite, Apt. #, etc.  |  |  |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
| City & State   |                          | City & State   |  |  |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
| Zip  | Country                  | Zip  | Country  | 4. FEI Number<br><b>86-1145006</b>   |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                          |  |  | Applied For<br><input type="checkbox"/> Not Applicable   |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent  |                          |  |  | 7. Name and Address of New Registered Agent  |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
| <b>WALLIG-CARVALHO, MARIANA</b><br><b>933 NW 50TH TERRACE</b><br><b>GAINESVILLE, FL 32605</b>  |                          |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |                          |  |  |  |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                          |  |  |  |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by September 14, 2007</b>   |                          | <b>Make check payable to</b><br><b>Florida Department of State</b>           |  |  |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
| 9. MANAGING MEMBERS/MANAGERS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WALLIG-CARVALHO, MARIANA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>933 NW 50TH TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GAINESVILLE, FL 32605</td> <td></td> </tr> </table> |                          |  | TITLE  | MGRM   | <input type="checkbox"/> Delete | NAME | WALLIG-CARVALHO, MARIANA |  | STREET ADDRESS | 933 NW 50TH TERRACE  |  | CITY-ST-ZIP | GAINESVILLE, FL 32605 |  | 10. ADDITIONS/CHANGES<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>                             |  |  | TITLE |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            | NAME |                      |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
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| NAME   | WALLIG-CARVALHO, MARIANA |  |  |  |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
| STREET ADDRESS   | 933 NW 50TH TERRACE      |  |  |  |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
| CITY-ST-ZIP  | GAINESVILLE, FL 32605    |  |  |  |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
| TITLE  |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
| NAME   |                          |  |  |  |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
| STREET ADDRESS   |                          |  |  |  |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                          |  |  |  |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
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| NAME   | WALTERS, JULIE L         |  |  |  |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
| STREET ADDRESS   | 10013 NW 13TH AVENUE     |  |  |  |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
| CITY-ST-ZIP  | GAINESVILLE, FL 32606    |  |  |  |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
| TITLE  | 320 SE 3rd St. Ap. A15   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
| NAME   | Gainesville FL 32601     |  |  |  |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
| STREET ADDRESS   |                          |  |  |  |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
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| CITY-ST-ZIP  |                          |  |  |  |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
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| STREET ADDRESS   |                          |  |  |  |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
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| STREET ADDRESS   |                          |  |  |  |                                 |      |                          |  |                |                      |  |             |                       |  |   |  |  |       |                        |  |      |                      |  |                |  |  |             |  |  |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Mariana Wallig 06.26.07 352.871.7179  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #